

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589755

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	1	2				
5						
6		2				
7		8				
8		8				
9	1	1				
10	1	1				
11		1				
12		1				
13		1				
14	1					
15	1					
16	1					
17	3					
18		2				
19	1					
20	1					
21	1					
22	3					
23	3	3				
24		3				
25		3				
26	1					
27	1					
28	1					
29	1					
30	3	3				
31	3	3				
32	3	3				
33	1					
34	1					
35						
36	3					
37		3				
38	1					
39	1					
40	1	1				
41	1	1				
42	1	1				
43		1				
44		2				
45		2				
46	1					
47	1	1				
48	1	1				
49	1	1				
50	1	1				
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1			1	
52		1			1	
53	1					
54	1					
55	1					
56	1					
57		1			1	
58					1	
59					1	
60					1	
61					1	
62					1	
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						